

### **MCC Request Form**

All fields must be completed to be approved; a complete list of MCCs is available at [louisvilleky.gov/pcard](http://louisvilleky.gov/pcard).

MCC# and Description:

Business Justification:

Is this MCC Requested Permanent?      Y      N – If no please provide the dates the MCC is needed.

From:

To:

Cardholder Name (Printed): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Authorization**

PCard Expense Approver Name (printed): \_\_\_\_\_

PCard Expense Approver (signature): \_\_\_\_\_ Date: \_\_\_\_\_